Vote-By-Mail Ballot Request FormDuval County Supervisor of Elections 105 East Monroe Street, Jacksonville, FL 32202 Phone (904) 255-8683 | Fax (904) 255-3434 www.duvalelections.com

*Required				
*Voter's Name			*Date of Birth	
*Voter's Fla. Driver License #	# or Fla. Identification Card	#		
*Last four digits of Social Se	curity Number			
Duval County Residential A	Address			
*Street		Apt/Unit/Lot		
			Daytime Phone	
☐ Please change my legal a	address on my voter registra	tion record to	the above residential address	
Ballot Mailing Address (if of Florida law prohibits vote-by-ma			ffice. §101.62(4)(c)(1) Fla. Statutes	
Street			Apt/Unit/Lot	
City, State, Zip			Country	
□ Primary Election 8/23/22 □ □ General Election 11/8/22			☐ All elections for which I am eligible through December 31, 2022 so no later than 5:00 p.m. on the 10 th day before the	
*Signature of voter			Date	
For a vote-by-mail ballot to be counted, the voter's signature returned with the ballot must match the signature on the voter's registration record. You can update your signature by completing a Florida Voter Registration Application.				
*Required				
•		immediate fan	nily member or legal guardian may request a vote-by-mail	
Relationship:				
*Requester's Name				
Requester's driver's license or last four digits of social so				
*Requester's Signature	Requester's SignatureDate			

Per Florida's public records law, email addresses and/or phone numbers provided are public record. You may track the status of your mail ballot from the "My Voter Status" button on our website.